

Information for Injured Employees

Division of Workers Compensation
OMBUDSMAN/CLAIMS ADVISORY UNIT
800 SW Jackson Street, Suite 600
Topeka, KS 66612-1227

TOLL FREE 1-800-332-0353

If you were hurt on the job and have any questions about workers compensation benefits, contact the **Ombudsman/Claims Advisory Unit** of the Division of Workers Compensation. The division has full-time personnel who specialize in aiding injured workers with claim information and problems. They can provide information about benefits an injured worker may be entitled to receive. They can help solve problems with benefits not being paid on time, medical treatment, unpaid medical bills, questions about how to figure settlement amounts, etc. Assistance in Spanish is available.

WHAT TO DO IF AN ACCIDENT OCCURS ON THE JOB

1. Tell your employer that you were hurt on the job.
2. Follow your employer's instructions for getting medical aid and follow the doctor's instructions.
3. Within 200 days of the date of accident or date of last payment of compensation for disability or date of last authorized medical care, tell your employer **in writing** that you expect workers compensation benefits for your injury. Your employer might know you were hurt and compensation may be paid, however, you could lose all rights to future compensation if you do not tell the employer **in writing**. This is called a **Written Claim for Workers Compensation, K-WC 15**, and is available from the division. A written claim may be served in person by taking it to the employer to complete, sign, date top half and return it to injured worker (injured worker completes bottom half), or by mailing it to the employer by certified mail, return receipt requested. The post office receipt for the certified letter is generally sufficient proof that you submitted a written claim.

AVERAGE WEEKLY WAGE: A worker's "average weekly wage" is calculated by adding together the **base wage**, the **average weekly overtime** and the **weekly value of fringe benefits** that have been discontinued.

WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they

are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3 percent of his average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas workers compensation law provides for additional benefits.

MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of \$500. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

RESPONSIBILITIES OF THE EMPLOYER

1. Employers must report all employee injuries to the Division of Workers Compensation within 28 days from the date of injury, or the date the employer learned about the injury, when the employee is wholly or partially incapacitated for more than the remainder of the day, turn or shift.
2. Employers must provide for the payment of workers compensation claims without any charge to employees.
3. Employers must post the Workers Compensation Notice prepared by the Director.
4. Employers must pay compensation benefits, regardless of insurance coverage.
5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his rights and responsibilities in obtaining compensation.

EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS

YOUR CLAIM WILL BE HANDLED BY:

Company _____

Address _____

Contact Person _____

Telephone (_____) _____

E-mail _____